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NOV 15 2004

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**Tamara M. Simpson**

(Depositor's name)

*Tamara M. Simpson*

(Signature)

11/12/04

(D)

**BLAKELY SOKOLOFF TAYLOR & ZAFMAN  
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11/16/2004 DEMMANU2 00000051 09823221

01 FC:1501      1370.00 OP  
02 FC:1504      300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/823,221	03/29/2001	John T. Orchard	15685P081	6069

**TITLE OF INVENTION: METHOD AND APPARATUS FOR CONTROLLING A COMPUTING SYSTEM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330 1370.00	\$300	\$1630 1670.00	11/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAU, TUNG S	2863	702-141000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Blakely, Sokoloff, Taylor & Zafman

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**ArrayComm, Inc.**

**San Jose, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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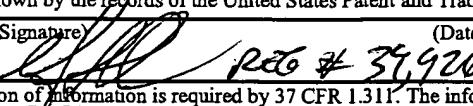
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)  (Date) November 12, 2004

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